TRAINING ANNOUNCEMENT

TO REGISTER, PLEASE COMPLETE THE TRAINING REGISTRATION FORM ENCLOSED

TITLE: LawFit Leadership Workshop

DATES and March 14-16, 2006

LOCATION: George Mason University Field House

DESCRIPTION: The LawFit® Fitness Leadership Workshop is a three-day, 24 hour course which provides

officers with a variety of assessment tools and training strategies to plan and implement an effective health maintenance program for their personnel. Fitness leaders will receive detailed instruction concerning weight training, flexibility and stretching, aerobic fitness, nutrition, and stress management. Upon successful completion of this workshop, officers will receive

certification as Public Safety Fitness Leaders.

PREREQUISITES: Physically able to participate in the LawFit program.

PRIORITY: First come first served

IN-SER CREDIT: 21 hours of career development in-service credit will be awarded.

TUITION: \$400.00 Payable to GMU/LawFit

MEALS: NA

LODGING: Any lodging required will be the responsibility of the participant's agency.

DEADLINE: Registration must be received no later than March 10, 2006.

ACCEPTANCE: Directions and lodging information will be sent upon receipt of registration.

CONTACT: Dr. Dave Bever, George Mason University (703) 993-2071, fax (703) 993-2126

It is the intention of the Department of Criminal Justice Services to comply with Title II of the Americans with Disabilities Act (ADA) of 1990. Therefore, those persons requiring special accommodations to participate in this program should indicate the need for such accommodation on the Training Registration Form.

LawFit Fitness Leadership Workshop Registration Form DCJS Standards and Training

* Please fill out form completely and return by

EVENT INFORMATION

Location: George Mason University Field House --- Fairfax, VA

Dates: Tuesday, Wednesday, Thursday --- 14, 15, 16 March 2006

Registration Deadline: Friday 10 March 2006

Registration Fee: \$400.00

Checks made payable to: GMUF / LAWFIT

APPLICANT INFORMATION			
Participant's Name:		DOB:	Gender MF
Agency Name:			
Agency Address:			
Work #:	Cell #:	E-mail: _	
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Dr. David Bever
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